

UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT

For New Members, Candidates, and New Employees

FORM B

LEGISLATIVE RESOURCE CENTER

MAY 11 2018

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Name: Cynthia Lynn Axrod Daytime Telephone _____

MAY 16 PM 1:41

FILER STATUS

☒ New Member of or Candidate for U.S. House of Representatives
State: Idaho District: 3
Candidates - Date of Election: June 5, 2018

☐ Check if Amendment

U.S. HOUSE OF REPRESENTATIVES

(Office Use Only)

☐ New Officer or Employee
Employing Office: _____
Shift Filer Type (if Applicable):
☐ Shared ☐ Principal Assistant

Period Covered: January 1, _____ to _____

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

<p>A. Did you, your spouse, or your dependent child:</p> <p>a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <u>or</u></p> <p>b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<p>C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<p>D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"

THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?

Yes ☐ No ☒

EXEMPTION - Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

Yes ☐ No ☒

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Use additional sheets if more space is required.

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Use additional sheets if more space is required.

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Use additional sheets if more space is required.

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Use additional sheets if more space is required.

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EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

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Name: Enthia Linné Page 8 of 11

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Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. **Exclude:** Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. **New Members and second-year candidates** report positions held in the reporting period and the current calendar year. **First-year candidates and new employees** report positions held in the current calendar year and two previous years.

Position	Name of Organization
Secretary (uncompensated)	Iowa Voters for Companion Animals
Owner/Partner	Creation Agents LLC
Owner	AXRE Consulting Group

SCHEDULE F - AGREEMENTS

Name:

Carthage Lynne Hise

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Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

Source (Name and City/State)		Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services
PDH Academy, Wakesha, VT		digital design services
Inspection Certification Associates, ^{on board Learning} Chicago, IL		
AHTT Brookfield, WI		
RIN Capital, Farmington Hills, MI		
Agency E, Farmington Hills, MI		
Living Essentials, Farmington Hills, MI		
Quality Education Group, Lombard, IL		

FILER NOTES
(Optional)

Name <u>Cynthia Lynne Stee</u>	Page <u>10</u> of <u>11</u>
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NOTE NUMBER	NOTES	
#1	Source (Name, City/State)	Description of Duties
continued Schedule of information	Stage 2, Farmington Hills, MI	digital design services
	Reverus Water, Farmington Hills, MI	
	Reverus Research, Farmington Hills, MI	
	Reverus Group PL, Farmington Hills, MI	
	Lifeline Sciences LLC, Farmington Hills, MI	
	Wisconsin Contractors Institute, Pewaukee, WI	
	E Power Marketing, Oshkosh, WI	
	Monastery Hill Bindery, Chicago, IL	
	State of Iowa, Des Moines, IA	consulting services

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NOTE NUMBER	NOTES
# 2	<p>For the schedule A information my husband & I have four accounts with Raymond James. Three of the accounts are tax deferred IRAs & a 401K account. All of the individual stocks listed are invested in the four accounts. The 4th account is a small (under \$7000) joint taxable account that receives minimal dividends. I could not break out each stock that receives dividends because they are the same stocks that are tax deferred.</p> <p>Therefore, I'm enclosing a copy of our dividends report section in my tax information statement. You can see that we received minimal distributions/dividends (\$136.10) for the small joint taxable account.</p> <p>Some of the line items (15) are listed as dividends & tax deferred to represent this.</p>